

Louisiana State Board of Nursing

17373 Perkins Road
Baton Rouge, LA 70810
Telephone: (225) 755-7500
www.lsbns.state.la.us

Request for Exemption **From CE Requirements for APRNs Prescribing Controlled Substances**

I, _____ certify that I have not prescribed or administered any controlled dangerous substances in the state of Louisiana during the entire year covered by my expiring APRN license. I understand that this certification will be verified by a review of the last twelve months of my prescribing history through the Prescription Monitoring Program. I understand that requesting this exemption will result in the approval of my controlled substance privileges being withdrawn, and the Louisiana Board of Pharmacy will be notified of the withdrawal of the approval. If I wish to resume prescribing controlled substances in Louisiana, I understand I must submit a request to LSBN and receive written approval to change my prescriptive authority privileges and satisfy the CDS CE requirement prior to prescribing controlled substances.

Signature

License #

Date

**The name, signature and identifying information on this form must be legible and clearly identifiable in order to meet requirements.

Mail completed form to:

LSBN

Attention: CDS CE Requirement

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